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|  | rHONDDa cynon taf and merthyr tydfil **Educational psychology service**  RCT - Tŷ Trevithick, Abercynon, Mountain Ash/Aberpennar, CF45 4UQ.  Tel: 01443 744000 email [A&IService@rctcbc.gov.uk](mailto:A&Iservices@rctcbc.gov.uk)  Merthyr - Unit 5, Triangle Business Park, Pentrebach, Merthyr Tydfil, CF48 4TQ.  Tel: 01685 724642/16 |  |
| **request for educational psychologist Involvement** | | |

This form outlines the reasons for requesting involvement from the Educational Psychology Service (EPS) and will be used to help better understand the concerns raised and gain consent for any involvement with the child/young person named. The form should be completed by the Head Teacher or Additional Learning Needs Coordinator and then discussed with the child/young person (if appropriate) and their parents/carers. Once completed, the form should be retained by the school for the EP’s regular school visit or forwarded to the Access & Inclusion Service. Please attach IEPs/IBPs and all relevant assessment data to the form.

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| **How we use your personal information**  In line with the Council’s legal duty under Section 321 of the Education Act 1996, the information on this form, any additional information attached and any data produced as a result of this involvement (e.g. a report) will be used by the EPS to determine the nature of any work undertaken by this service. If appropriate, this process may involve sharing sensitive information about your child with external specialists e.g. health professionals.  To learn about how your privacy is protected and how and why we use your personal information to provide you with services, please visit our service privacy notice here [[www.rctcbc.gov.uk/serviceprivacynotice](http://www.rctcbc.gov.uk/serviceprivacynotice)](http://www.rctcbc.gov.uk/serviceprivacynotice) and the Councils data protection pages here [www.rctcbc.gov.uk/dataprotection](http://www.rctcbc.gov.uk/dataprotection). |

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| **Whole school issue 🞎 Group issue 🞎 Individual pupil issue 🞎 SA 🞎 SA+ 🞎 Statemented 🞎** |

If the request for EP involvement is in relation to an individual pupil, please complete the following sections:

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| **Pupil Name:** |  | | | **Pupil Surname:** | |  |
| **DoB:** |  | | | **Parent(s)/Carer(s) Name:**  **Relationship to child:** | |  |
| **Address:** |  | | | | | |
| **Post Code:** | |  | | **Home Phone Number:**  **Mobile Phone Number:** | |  |
| **School:** |  | | | | **Mainstream/Unit/Class** |  |
| **Class Teacher/Head of Year:** | | |  | **Year Group:** | |  |
| **Language(s) of the home:** | | |  | **Ethnic Group:** | |  |

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| **What is the current issue that concerns you?**  **How well do you feel you UNDERSTAND the needs of this pupil?**  **(not at all) 0\_\_\_1\_\_\_2\_\_\_3\_\_\_4\_\_\_5\_\_\_6\_\_\_7\_\_\_8\_\_\_9\_\_\_10 (completely)**  **How CONFIDENT do you feel to meet the needs of this pupil?**  **(not at all) 0\_\_\_1\_\_\_2\_\_\_3\_\_\_4\_\_\_5\_\_\_6\_\_\_7\_\_\_8\_\_\_9\_\_\_10 (completely)** | | |
| **What strategies have already been tried and what were the outcomes?** | | |
| **How would you like things to change?** | | |
| **What do you hope to get from EP involvement?** | | |
| **Other relevant factors or assessment data:** |
| **Pupil’s views:** (if possible to obtain) |
| **Pupil’s strengths:** |
| **Agency involvement:** Please check school files and record external agency involvement. Include details relating to the agency concerned, key worker, contact details, and date and period of involvement.   |  |  | | --- | --- | | Behaviour Support Service |  | | **Learning Support Service** |  | | **Child and Family Service** |  | | **Social Services** |  | | **Speech & Language Therapy Service** |  | | **Health Service** |  | | **Other** |  | |

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| *Please ensure that this form is completed in full prior to seeking parent(s)/carer(s) consent and permission.*  **Parental views / concerns:** (please continue on a separate sheet if you wish)  **Declarations**  **Parent/carer**  I consent to my child receiving involvement from the Educational Psychology Service and confirm that all personal details completed on this form including address and D.O.B are correct. I will inform the Educational Psychology Service immediately if there are any changes to my address or contact details.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Parent / guardian name: |  | | | Parent / guardian signature: |  | | Date: |  | Additional notes: |  | | |   Please indicate if you would like reports written by the EPS to be in Welsh or English  (A Welsh version of the report will be sent to school if requested by parent / guardian) |

**Headteacher**

* I confirm that the information contained in this form (and any additional information attached) is accurate.
* I have made the parent/guardian aware of:
  + how the personal data will be used to identify additional support if appropriate.
  + how they can access their information rights and further information via the Data Protection pages of the Council’s website.

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| Head Teacher name: |  | | | Head Teacher signature: |  |
| Date: |  | Additional notes: |  | | |